

Foster Family Home - Corrective Action Report

Provider ID: 2-170020

Home Name: Ruth Cabal, CNA

2317 Awapuhi St.

Hilo HI 96720

Review ID: 2-170020-2

Reviewer: Carol Copeland

Begin Date: 4/5/2018

End Date: 4-19-18

Foster Family Home


Required Certificate

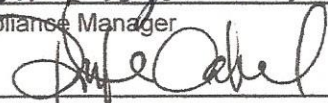
[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home visit survey performed to recertify two client home. Home in compliance on day of survey. Corrective action report issued with no plan of correction due to CTA.


Compliance Manager


Primary Care Giver

4-19-18
Date

4-17-18
Date